

To:

\_\_\_\_\_  
Employee / Appointee Name (Print)

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Agency

It is the policy of the District government to provide a drug free workplace and for all employees to abide by this policy. Additionally, and in accordance with Chapter 4 of the D.C. personnel regulations, *Suitability*, this notice informs you that you have been appointed to, or occupy, as an employee or appointee, a safety sensitive position that makes you subject to certain drug and alcohol testing. If you are detailed, temporarily promoted, or temporarily reassigned to a safety sensitive position, you are also subject to drug and alcohol testing while assigned to that safety sensitive position. Safety sensitive positions include duties or responsibilities that if performed while under the influence of drugs or alcohol, could lead to a lapse of attention that could cause actual, immediate, and permanent physical injury or loss of life to self or others. **Safety sensitive positions, including those for which testing is required by law, are subject to the following drug and alcohol tests: (1) pre-employment, (2) random, (3) reasonable suspicion, (4) post-accident or incident, and (5) return-to-duty or follow-up. The position that you have been appointed to or occupy and which is listed above is designated as safety-sensitive and is therefore subject to drug and alcohol testing.**

In general, testing for drugs shall be conducted by urine sample from the individual being tested. Testing for alcohol use shall be conducted utilizing an evidentiary breath-testing device or EBT, commonly referred to as a "breathalyzer." Other than pre-employment drug and alcohol testing, thirty (30) days after you acknowledge receipt of this advance written notice, you may be subject to drug and alcohol testing.

If you are currently in a non-safety-sensitive position that has been newly designated as a safety sensitive position, you may self-report any existing drug and alcohol usage within 30 days of the change in designation by contacting your immediate supervisor, agency HR personnel, or the D.C. Department of Human Resources' Compliance Review Manager. You will be given one (1) opportunity to undergo a counseling and rehabilitation program and will not be subject to adverse or other administrative actions while completing the program. If you choose to undergo counseling, you will be removed from performing safety sensitive duties, removed from the random testing pool, and returned to your safety sensitive position upon successful completion of treatment, and a negative test result. **However, if you were serving in a safety sensitive position upon the publication of Chapter 4, *Suitability*, or have previously been notified, you are not entitled to an additional 30-day period and this notification only serves as a duplicate of the notice previously provided to you upon your appointment to a safety sensitive position.** An employee who fails to disclose a drug or alcohol problem during the 30-day notification period, and thereafter tests positive for drugs or alcohol may be subject to administrative action up to and including termination of employment.

**Safety-sensitive employees who test positive for MARIJUANA usage are presumed to be in violation of policy. Like all other controlled substances, safety sensitive employees who test positive for marijuana usage may be subject to administrative action up to and including termination. An employee who discloses a drug or alcohol problem pursuant to this notice, receives counseling and treatment, is returned to duty in his or her covered position, and thereafter tests positive for drugs or alcohol, will be subject to administrative action up to and including termination of employment.**

Each personnel authority is required to provide you with notice and information on the requirements for drug and alcohol testing. This constitutes the required notice and provides you with general information about the requirements for drug and alcohol testing. You are required to acknowledge receipt of this document by signing your name at the bottom of this document.

## ACKNOWLEDGEMENT OF RECEIPT

I have read the ***Individual Notification of Drug and Alcohol Testing Requirements*** form and, by signing my name below, I acknowledge that I currently occupy a safety sensitive position that is subject to drug and alcohol testing and that I have been provided with general information about the requirements for drug and alcohol testing. I acknowledge that if I occupy a position that becomes designated as safety sensitive, if I have a drug or alcohol problem, I am required to disclose my problem to one of the designated personnel noted above and can seek treatment and counseling services within 30 days of the change in designation. I understand that I may not be subject to adverse or other administrative actions while I complete a program of treatment and counseling, but that I will be removed from my safety sensitive position until successful completion of treatment, and a negative test result. I also acknowledge that should I test positive for drugs or alcohol thirty (30) days after receipt of this notice or after having completed my treatment program, whichever is applicable, I will be subject to the termination of my employment; however, **I understand that if I am currently serving in a safety sensitive position and have previously received and acknowledged this notice, I am not eligible for an additional 30-day notification period.**

\_\_\_\_\_  
Employee / Appointee Name (Print)

\_\_\_\_\_  
Employee / Appointee (Signature)

\_\_\_\_\_  
Date Acknowledged

\_\_\_\_\_  
Serving Official Name (Print)

\_\_\_\_\_  
Serving Official (Signature)

\_\_\_\_\_  
Date Served